

New Hampshire Pari-Mutuel Commission
78 Regional Drive, Suite 3
Concord, New Hampshire 03301-8530

APPLICATION FOR DRIVER-TRAINER'S LICENSE

Date Issued _____

Driver \$25 ☐ Trainer \$25 ☐ Driver / Trainer \$40 ☐

License No. _____

TO THE NEW HAMPSHIRE PARI-MUTUEL COMMISSION:

Application is hereby made by the undersigned DRIVER - TRAINER- for a license to Drive, and / or Train horses at race meetings in the State of New Hampshire, said license to expire on December 31, year of issue.

TYPE OR PRINT CLEARLY – ANSWER ALL QUESTIONS

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1. Full Name _____

LAST FIRST MIDDLE

(Mr.)
(Mrs.)
(Miss)
CHEC ONE

Soc. Sec. No. _____

2. Permanent Address _____ Telephone No. _____

NO. AND STREET	CITY	STATE	ZIP

3. Temporary Address _____ USTA No. _____
NO. AND STREET CITY STATE ZIP

4.		ft.	in.					married										
	single																	
	Age	Height		Weight	Hair	Eyes	Sex	CHECK ONE	CITIZENSHIP			DATE OF BIRTH			PLACE OF BIRTH – CITY AND STATE			

5. Nearest living relative	<hr/>				
	NAME	NO. AND STREET	CITY	STATE	ZIP

6. Are you at present licensed by any other State? Yes ☐ No ☐ If yes, what State? _____
Give year and type of License _____

7. Are you at present under suspension or have any adverse rulings by any racing association and/or state racing commission? Yes ☐ No ☐ If yes, give dates and particulars _____

8. Have you ever been arrested or charged with a crime? (except traffic violation) Yes ☐ No ☐ If yes, give particulars _____

9. Have you or a close relative ever owned, operated, or been identified in any way with a handbook or bookmaking establishment? Yes ☐ No ☐
If yes, give particulars _____

10. Has an indictment or information been returned or complaint been made against you by the United States or any State charging purchase, sale, use, or possession of narcotics? Yes ☐ No ☐ If yes, give particulars _____

11. Bank Reference				
NAME	NO. AND STREET	CITY	STATE	ZIP

12. Have you ever been employed in any capacity at a racetrack? Yes ☐ No ☐ If yes, give particulars _____

Date _____

(OVER)

13. Personal References, other than relatives, whom you have known for ten years or more:

1. _____
NAME NO. AND STREET CITY STATE ZIP

2. _____
NAME NO. AND STREET CITY STATE ZIP

14. Color Registration: Jacket _____ Sleeves _____

Belt, Sash or Emblem _____ Cap _____

15. List below all horses for which you are responsible:

Name of Horse

Owner's Name and Address

16. List below all horses which you own solely or in which you have an interest, or Lease:

Name of Horse

Owner's Name and Address

Nature of Interest

I hereby certify and affirm that all statements contained herein are true, accurate and complete. I hereby assent and agree that barns and living areas used by me may be searched for the possession of drugs and any accessories pertaining thereto, at all times without a search warrant, either in my presence or absence, by the Pari-Mutuel Commission or the officials of any track under its jurisdiction and I hereby waive any and all rights which I now or may hereafter have to object to any search and waive all claims, arising out of such search, against the New Hampshire Pari-Mutuel Commission or the members thereof and the Racing Association on whose premises the search is made and the officials of any track making such search. I further hereby assent and agree as a condition precedent to receiving such license that the same may be at any time revoked, cancelled, temporarily suspended or withdrawn by the New Hampshire Pari-Mutuel Commission.

Board of Stewards / Judges:

Date _____

Signed under penalty of perjury, and I acknowledge that,
pursuant to RSA 641:3, making a false statement on this form is
punishable as a crime.

APPLICANT'S SIGNATURE Date

(OVER)